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ABSTRACT

This package is intended as a guide for reference by concerned adults suspecting a child has been physically, sexually, or emotionally abused. Common misconceptions and myths about sexual abuse are debunked, symptoms of at-risk families are described, types of abuse and possible indications are outlined, and neglect is discussed. Legal aspects of the process of reporting suspected abuse are explained and a listing of Minnesota public agencies to contact is offered. Finally, techniques to employ in discussing abuse with a potentially abused child are outlined, with an emphasis placed on empowering, supporting, and validating the child. (PB)

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Let's Prevent

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This guide contains a summary of the most recent information about child abuse. We hope this guide is an easy to use, practical reference for professionals who work with all children, including those with disabilities.

Given the nature of PACER's ongoing commitment to the needs of children with disabilities, a great emphasis has been placed on the vulnerability of children with disabilities.

PACER feels that with more effective recognition of complex child abuse issues combined with a concerted effort toward early detection and intervention, *education* can be the cornerstone in the prevention of child abuse.

It is imperative that we act as effective advocates for children when confronting child abuse issues. We hope this guide will help in that essential effort.

- **The term "abuse" is being used in a generic sense, which includes physical, sexual and emotional abuse and neglect.**

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EC 230063

Introduction

SOCIETY

As a society, we have been inundated in recent years by the emergence of vivid, horrifying, and often unprovable histories of child abuse. The ongoing legal and ethical struggles being enacted regarding child abuse revolve around issues that include the credibility of children, the rights of parents, the rights of children, the victimization of innocent persons accused of child abuse, and the apparent inability to adequately provide a consistent and workable system to guarantee both safety and justice.

STATISTICS

As the statistics on child abuse have been analyzed, one frightening fact has become clear. Children with disabilities are found in alarmingly high proportions among the victims of maltreatment. Many children with disabilities may have behavioral problems or special needs, which creates increased stress on parents and educators. Because of their disabilities, these children are more vulnerable targets for abuse from parents and caregivers whose expectations may be unrealistic and/or unfulfilled. The child's disability may impair their judgment and social factors, such as low self-esteem and the desire to please, further increase their vulnerability. When these factors are combined with tendencies such as impulsivity or misunderstanding of nonverbal signals, these children can find themselves in situations beyond their control. Children with disabilities are often not aware that they are being abused. The use of bribes, threats, and coercion may be more successfully used by perpetrators among this population.

PROBLEM

A significant problem in determining whether a child may be physically or sexually abused rests with the fact that often signs and symptoms of abuse may represent other problems and may not be a result of abuse. The key factor in establishing whether the child has been victimized is to know the child. Be alert to any sudden or drastic changes in behavior. Be willing to seek out the cause by talking to the child or seeking other professional assistance in determining its origin. Atypical behavior may be the only way the child has to communicate that all is not well.

PURPOSE

The following is a guide to refer to if you suspect maltreatment or are witnessing unusual behaviors in a child. Any or all of these may represent problems other than child abuse. However, if any of the symptoms appear in the child, and if the child is unable to express what has happened, educators are mandated to report. Prevention programs presented in schools may trigger a response from children if they have been abused.

NEEDS

Greater support and more education must be provided for teachers, who as professionals are feeling overwhelmed or confused by the responsibilities involved in the child protection process. Support for dealing with these issues should be shared by a multi-disciplinary team of professionals composed of a teacher, social worker, principal, nurse, and psychologist. This approach is not uniformly integrated in school systems.

RIGHTS

It is well known that children with disabilities have greater difficulty in establishing their credibility in investigative and court proceedings because of their unique needs. The nature of these children's disabilities may require that testimony and evidence be presented in a less traditional manner and with the assistance of a special advocate. They should not be further victimized in court because they do not have the necessary skills to prove their credibility.

COMMON MISCONCEPTIONS OR MYTHS ABOUT SEXUAL ABUSE OF CHILDREN

A number of popular myths have impeded substantial progress in assessing the scope of sexual abuse, obtaining appropriate medical attention, and implementing effective preventative strategies. These include:

1. ***The typical offender is easily identified; she or he looks "weird."***

   There is no "typical" offender. Abusers are found in every socioeconomic class, every ethnic group, and all professional walks of life. Potential abusers may seek employment where they can work with children and particularly those children who are vulnerable. It would be impossible to instinctively identify a sex offender by outward appearance. Adequate screening of potential employees may decrease the possibility of hiring an abuser. In prevention literature, it is recommended that policies and procedures be developed for monitoring educators and others who work with children. Examples of when monitoring might be necessary are during "quiet time" or when they are being assisted with bathroom functions.

2. ***Strangers are responsible for sexual abuse.***

   It is documented that 98% of those who abuse sexually are known to the victim; some studies indicate that more than 50% of sexual abuse occurs in families. Offenders may include neighbors, family friends, siblings, babysitters, or teachers. These statistics are even higher for persons with disabilities because of their greater dependence on caregivers.

3. ***Sexual abuse occurs because of the seductive or affection-seeking behavior of the child.***

   If and when a child's seductive behavior does develop, it is generally a result of the abuse rather than the precipitating factor. It is the responsibility of the adult to set and maintain appropriate boundaries when engaged in activities with a child or children.

4. ***Only girls are abused.***

   Current data indicates boys and girls are probably abused with the same frequency. Both boys and girls are vulnerable to sexual abuse, but statistics about male victims seem to be considerably less accurate. Statistics state that one out of four girls will be a victim of sexual assault before age 18, and one out of six boys will experience some type of sexual assault. Boys are more reluctant to report abuse because of a greater sense of shame or a greater tendency to accept blame for the sexual involvement. This discrepancy between the sexes most likely reflects a reluctance of males to report the abuse.

5. *Teenagers are the only victims of sexual abuse.*

National statistics indicate teenagers are the most common victims, however, a number of studies report that children under six years of age are involved in 15 to 25% of the cases of sexual abuse.

6. *Children lie and make up stories about sexual activity with adults.*

Young children, due to their developmental level, are unable to make up stories about explicit sexual activity unless they have been exposed to or have experienced it. The issue is one of whether young children can tell accurate acounts of what has happened to them. Even when children have seen sexually explicit material, that encounter does not account for the intensity of feelings and reactions they display following actual abusive incidents. We must listen to all children and ensure appropriate responses are made.

7. *Abuse or incest happens only as a "sporadic" impulsive incident.*

Offenders rarely act only once. One report shows that on the average, a pedophile offender will have abused more than 70 children before being caught. In families where incest is occuring, the tendency is for the offender to stop once the child reaches adolescence; and where possible, another child is chosen as the next unwilling partner or victim.

A pedophile offender is one who has a primary preference for sexual activity with young children. One study indicates as many as 380 children were victimized by one pedophile prior to being caught.

8. *Homosexuals are primarily responsible for sexual crimes.*

Experts in the field have repeatedly confirmed the preponderance of offenses are perpetrated by heterosexual males, although females may be offenders as well. Society's homophobic responses have significantly hindered reporting by male victims. Most offenses of male children or adolescents are committed by another male. While many victims fear a same-sex assault indicates homosexuality, this type of assault does not determine sexual preference. It is not the sex of the victim that is primary, but rather the availability of the child.

9. *Most offenders are psychopaths, and they cannot tell right from wrong.*

In 80% of cases, offenders know what they are doing is wrong, whether it is an offender within the family (incest) or an offender outside of the family. Their actions represent a way of releasing sexual tension with a vulnerable younger victim.

10. *Most abuse takes place at night in a dark alley or remote area.*

Most child sexual abuse takes place in daylight, often in the victim's home.

Families At Risk

Child abuse has no socioeconomic,

demographic, or cultural boundaries.

It can happen in *ANY* family.

INFORMATION ABOUT *AT-RISK* FAMILIES

(Any list of indicators for AT-RISK families must be used with caution!)

- **Financial or emotional stress**
- **Socially isolated families (no external support, i.e., grandparents, relatives, friends)**
- **Absence or loss of significant other**
- **One or both parents believe in corporal punishment**
- **Parent(s) withholds love as a punishment**
- **Parent(s) receives no relief from the care of children**
- **Parental expectations are inconsistent with the stage of growth and development the child is experiencing**
- **Drug and alcohol use or abuse**
- **One or both parents emotionally immature**
- **Parent(s) was abused as a child or exposed to abnormal child-rearing practices**

CARING FOR A SPECIAL CHILD

Some Indicators for Increased Stress

The following indicators and conditions may cause stress if the parent or caregiver does not have adequate internal or external resources, which may result in neglect or maltreatment of the child.

Why does caring for a child with a disability increase stress?

- **Parent or caregiver may not have adequate information regarding the disability, or how it may be best managed; which can result in unrealistic expectations or slower than expected progress.**
- **Child may have chronic or periodic medical needs requiring a great deal of care.**
- **Increased daily care and financial obligations for the child.**
- **Parent or caregiver may experience time and energy restraints for themselves and others in the family, without any indicator that these issues can be alleviated.**
- **Resources may not be available in general geographic area and/or not adequately coordinated.**
- **Support systems may be inadequate among the community, extended families, and friends.**
- **Feelings of frustration, anger, hopelessness, guilt, shame, sadness and worry may decrease the ego strength of the parent or caregiver.**

What Are Some of the Conditions That Increase Stress and Why?

Emotional/behavioral disorder, attention deficit disorder, hyperactivity, and other related learning disabilities are conditions that increase stress. These conditions:

- **Result in the child experiencing great difficulties in learning which are difficult for parents to understand.**
- **Require highly structured and consistent limit setting in order for the child to be successful.**
- **Demand much time and effort, which results in parent or caregiver having less energy and may contribute to stressful and wearing relationships between parent and child.**

A premature or low-weight infant:

- **Often cries more or is fussier.**
- **Often does not bond adequately with parents, due to lengthy hospitalization.**
- **Does not respond to parents in the same manner as an average baby.**
- **May need recurrent hospitalization and may have physical setbacks.**
- **May be physically unattractive.**

A child with autism/language disorders may:

- **Be unable to communicate or have limited communication abilities.**
- **Engage in acting out behaviors.**
- **Be withdrawn.**
- **Have limited responses.**

A child with physical handicapping conditions (deafness, muscular dystrophy, cerebral palsy, blindness, etc.) may:

- **Be physically dependent on family members.**
- **Need special or adaptive equipment for daily living, some of which is difficult to obtain and may or may not be covered by insurance.**
- **Need more resources and special handling.**

A child with mental retardation may:

- **Have greater dependency needs.**
- **Be slower in visible progress.**
- **Achieve developmental levels at a slower rate and in different ways.**
- **Be affected by real or perceived social attitudes or stereotypes.**

A child born during times of crisis may:

- **Remind parent or caregiver of loss or failure — i.e., death in family or of close friend; loss of job, freedom, or self-concept.**
- **Remind parent or caregiver of someone she or he does not like.**
- **Be a reminder of a difficult time.**
- **Have been an unwanted or difficult pregnancy.**

Material adapted from Resource Access Project:
Preventing Maltreatment of Children with Handicaps: A Training Guide for Identifying Children at Risk

Types & Indicators

- Any list of physical and behavioral indicators of child abuse must be used with caution.
- Check lists are intended to alert professionals, parents, and caregivers to the possibility of abuse that may have occurred or may be occurring.

- Any combination of symptoms may be significant and should be reported.
- Mandated reporters are required to report suspicion of maltreatment of a child.

DEFINITION OF PHYSICAL ABUSE :

Any intentional physical injury or pattern of injuries inflicted or caused by a parent, parent-guardian, and/or caregiver.

Indicators are particularly telling if they are:

- **Repeated and consistent over time (i.e., establishing a pattern)**
- **Long-lasting (i.e., as one injury heals, a newer injury appears, or is discovered in a more recent stage of healing)**

PHYSICAL ABUSE

PHYSICAL INDICATORS	CHILD'S BEHAVIOR	CARETAKER'S CHARACTERISTICS
Unexplained Bruises, Welts	Behavioral Extremes Passive or Undemanding	Conceals the Child's Injury
Unexplained Burns	Easily Frightened, Fearful	Does Not Seem Worried About the Child
Unexplained Skeletal Injuries	Wary of Physical Contact	Describes Child As Bad, Different, Selfish
Unexplained Head Injuries	Poor Social Relations	Believes in Severe Discipline
Unexplained Lacerations or Abrasions	Afraid to Go Home	Unrealistic Expectations
School Absence Correlates with Appearance of Injury	Child Reports Abuse	Low Self-Esteem
	Destructive to Self and/or Others	Abuses Al ohol or Drugs
		Markedly Immature
		Maltreated as a Child
		Projects blame on others

DEFINITION OF EMOTIONAL ABUSE AND NEGLECT:

A pattern of behavior that takes place over an extended period of time, characterized by intimidating, belittling, and otherwise damaging interaction that affects a child's healthy emotional development.

Characteristics of Emotional Abuse and Neglect:

- **Consistent emotional abuse or neglect has the most long-term, irreversible impact**
- **Emotional abuse or neglect is very difficult to categorize and measure**
- **Emotional abuse or neglect is the most difficult abuse to define because of its insidious nature**
- **Prolonged emotional abuse or neglect contributes to and reinforces poor self-esteem in children and plants seeds for poor parenting in the next generation**

EMOTIONAL ABUSE

PHYSICAL INDICATORS	CHILD'S BEHAVIOR	CARETAKER'S CHARACTERISTICS
Physical Problems Exacerbated by Emotional Distress	Behavior Extremes: Overly Passive or Compliant Aggressive or Demanding	Unrealistic Expectations of Child
Regressive Behavior	Overly Adaptive Behavior: Inappropriately Mature i.e., Parents Other Children	Threatens Child
Failure to Thrive in Infancy and Early Childhood	Developmental Lags	Name Calling or Belittling
Low Self-esteem	Sleep Disorders	Treats Siblings Unequally
	Conduct Disorders	Low Self-Esteem
	Long-term Depression	Seems Unconcerned About Child
		Withholds Love

DEFINITION OF SEXUAL ABUSE:

Exploitation of a child for the sexual gratification of an adult or person older than the child.

- **Any act designed to stimulate the child or perpetrator**
- **Sexual intercourse need not take place and is rare in pre-pubertal children**
- **Use of coercion, deceit, and manipulation to achieve power over child**
- **The issue is misuse of power, not consent of the child**
- **Occurs usually in isolation, with no witnesses in order to avoid detection**

Examples of sexual abuse:

- **Fondling**
- **Exhibitionism**
- **Pornography**
- **Sexually provocative language and/or behavior with a child or adolescent used with the intent of coercion**
- **Oral penetration, anal or vaginal fondling or penetration**

SEXUAL ABUSE

YOUNG CHILD

PHYSICAL INDICATORS	CHILD'S BEHAVIOR	CARETAKER'S CHARACTERISTICS
Bedwetting and Fecal Soiling	Excessive Masturbation	Possessive & Jealousness of the Child
Torn, Stained or Bloody Underclothing	Clinging, Whining, Lots of New Fears	History of Sexual Abuse in Childhood
Difficulty Walking or Sitting	Poor Self-esteem	Abuses Alcohol or Drugs
Blood or Purulent Discharge from Genital or Anal Areas	Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge	Socially Isolated
Loss of Appetite	Sudden Onset of Behavioral Problems	Poor Relationship with Spouse
Unexplained Gagging	Avoidance of Bathrooms (some abuse takes place in bathrooms)	Immature, Childlike Impulse Control
	Frequent Absences from School	Perceives that Child Enjoys Sexual Relationship
		Perceives Sexual Relationship of Parent and Child to be Indicator of Love and Affection

MYTHS AND ATTITUDES

Regarding Sexual Abuse of Children with Disabilities

- Children with disabilities are not perceived as having a sexual identity or potential. They may be seen as unattractive or undesirable.

- Information about sex and sexuality is withheld due to the mistaken belief that lack of such knowledge will protect them from abuse.

- Violent acts against children with disabilities are seldom committed because it is human nature to feel pity for children with disabilities.

- Children and adolescents with developmental disabilities are not affected by being sexually abused because they are not capable of comprehending the meaning of the act.

FACTS

- Children lacking awareness and knowledge of sexual information and their own sexuality are more likely to be victimized.

- Any person victimized by sexual abuse may be confused or frightened.

- Children do not have to understand the meaning of a sexual act to feel betrayal by and fear of an adult.

STATISTICS RELATED TO SEXUAL ABUSE

- Children under six involved in 15 to 25% of cases
- In 80 to 85% of cases, children know their offender. In 98% of cases, children with disabilities know their offender.
- At least fifteen percent of adult men report having been sexually abused as children
- Before age 18, one in four girls and one in six boys are sexually abused
- Many cases of child sexual abuse are never reported
- Average age of children at time of reporting abuse is nine to twelve years (does not reflect the average age sexual abuse was committed)
- Average of one million cases of sexual abuse in America every year
- Offenders are friends of family, relatives, other adults and/or adolescents who have access to the child.

IMPACT

The degree of traumatization from sexual abuse depends on certain factors that can influence the traumatic impact for a child.

- Age and developmental stage of the child
- Closeness and type of relationships between offender and victim
- Intensity, duration, frequency and nature of the abuse
- Prior emotional stability of the child and family
- When, where, and if the abuse is disclosed
- Support of the child by family members and the community at disclosure
- Procedures used in investigation and interviews
- Possible removal of the child from home
- Handling of court procedures
- News media's handling of the reporting

CHARACTERISTICS OF ABUSIVE FAMILY SYSTEMS

Characteristics include:

- Denial and rationalization of abusive acts
- Poorly defined boundaries — what is normal and appropriate
- No individuality among family members
- Sexual dysfunction and immaturity
- Lack of skills necessary to form intimate relationships
- Paranoid — suspicious, mistrustful, hostile regarding outside world
- Isolation — intrafamilial and social
- Secrecy, protection of family
- Poor social skills
- Grief and loss issues
- Fear of family disintegration
- Poor impulse control
- Misuse of power
- Roles poorly defined or reversed
- Rigid, traditional sex roles
- Abuse in parent families of origin
- Abusive patterns have passed from one generation to another
- Use of religious beliefs to validate abusive acts
- Depression, anxiety, suppression of feelings
- Poor coping skills
- Shame-based family system (personal attacks on the character of the child)
- One or more forms of abuse reinforce patterns (sexual or physical abuse, chemical dependency)
- Low self-esteem
- Physical and psychological problems
- Multiproblem family
- Withholding affection from child

pecial thanks to Autumn Cole, Licensed Psychologist, for permission to modify and reprint this information, August, 1989.

POSSIBLE REASONS WHY CHILDREN DO NOT DISCLOSE ABUSE/INCEST

- Victim's feelings of shame and guilt toward mother and/or father and family
- Fear of men; lack of trust (anyone): Who will believe them?
- Passive behavior, low value of self, feel that she or he will be branded
- Lack of awareness that this form of sexual activity is inappropriate
- Fear of being removed from home
- Fear of being responsible for break-up of family
- Fear of losing family
- Alienation from rest of family; may be rejected if they tell someone
- Social isolation of family, socially deprived
- Dependency of victim, no ego development
- Threats to child, such as "I'll hurt you;" or offender tells child she or he will go to jail
- Ill-equipped to deal with outside world, immature, scared
- Fear of incest occurring with next eldest child; protective of younger child
- Confusion
- Dysfunctional family system, such as denial and projection of blame toward the child, chemical dependency, lack of empathy toward the child, lack of communication or chaotic life style.

Special thanks to Autumn Cole, Licensed Psychologist, for permission to modify and reprint this information, August, 1989.

DEFINITION OF NEGLECT:

Pervasive situation where person(s) responsible for child's care fail to provide necessary food, shelter, medical care, supervision, or education to a child under age 18. An absence of the love, security, and stimulation necessary for attachment and development to occur. The absence of a consistent and emotionally available caregiver.

- **Neglect of children is most often found in cases of physical, sexual or emotional abuse**
- **Parents or caregivers are uninvolved in the child's normal day-to-day development at any level**
- **Child's physical and mental growth is significantly arrested with no organic cause present**

PHYSICAL NEGLECT

PHYSICAL INDICATORS	CHILD'S BEHAVIOR	CARETAKER'S CHARACTERISTICS
Lacks Adequate Food	Child Not Thriving in General, Frail	Apathetic or Passive
Poor Hygiene	Extremes in Behavior	Depressed
Lacks Clothing	Depressed, Dull, Apathetic Appearance	Socially Isolated
Unattended Physical Problems; Medical or Dental Needs	Food Associated Problems Begs, Steals, Refuses to Eat	Low Self-esteem
Constant Fatigue or Listlessness	Extremes in School Attendance, Late Arrival	Unsafe Living Conditions
Abandonment	Developmental Lags Physical Emotional Intellectual	

Reporting

Reporting Procedures*

FEDERAL REGULATIONS

FEDERAL CHILD ABUSE PREVENTION AND TREATMENT ACT 42, USC 5101

DEFINITION

SEC. 3. For purposes of This Act—

(1) the term "child abuse and neglect" means the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, or the age specified by the child protection law of the State in question, by a person (including any employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the secretary; and

* Consult own state for specifics of reporting.

(2)(A) the term "sexual abuse" includes—

(i) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or

(ii) the rape, molestation, prostitution, or other such form of sexual exploitation of children, or incest with children, under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary; and

(B) for the purpose of this clause, the term "child" or "children" means any individual who has not or individuals who have not attained the age of eighteen.

(3) the term "withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant, when, in the treating physician's or physicians' reasonable medical judgment, (A) the infant is chronically and irreversibly comatose; (B) the provision of such treatment would (i) merely prolong dying, (ii) not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or (iii) otherwise be futile in terms of the survival of the infant; or (C) the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

(2) In order for a State to qualify for assistance under this subsection, such State shall—

(A) have in effect a State child abuse and neglect law which shall include provisions for immunity for persons reporting instances of child abuse and neglect from prosecution, under any State or local law, arising out of such reporting;

(B) provide for the reporting of known and suspected instances of child abuse and neglect;

(C) provide that upon receipt of a report of known or suspected instances of child abuse or neglect an investigation shall be initiated promptly to substantiate the accuracy of the report, and upon a finding of abuse or neglect, immediate steps shall be taken to protect the health and welfare of the abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect;

(D) demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such administrative procedures, such personnel trained in child abuse and neglect prevention and treatment, such training procedures, such institutional and other facilities (public and private), and such related multidisciplinary programs and services as may be necessary or appropriate to ensure that the State will deal effectively with child abuse and neglect cases in the State;

(E) provide for methods to preserve the confidentiality of all records in order to protect the rights of the child, and the child's parents or guardians;

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(G) provide that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings.

WHEN MALTREATMENT IS SUSPECTED: THE NEXT STEPS UNDER MINNESOTA LAW

To Whom Do I Report?

- The local social service agency or
- The local police department or the county sheriff's department

School personnel may NOT disclose the intent to assess suspicion of abuse or neglect of a minor, to parents or caregivers or alleged perpetrators .

What Do I Need To Report?

- The identification of the child, date of birth, age, grade, address and name(s) of parent(s)
- The name of the person believed to be responsible for the abuse (if known)
- Where the alleged abuse took place (if known)
- The description of injury or neglect, any statements made by the child, or any other observations you feel are necessary to document current information
- How long ago the incidents being described took place
- Reporter's name, address, and phone number
- It is helpful for the reporter to document, for their own records, the name of the person the report was made to and the date or time the report was made
- If the child has a disability that may make communication difficult with an official, you will want to include this information. This information is important as a third party may need to be present to assist in the assessment. For example: A child with a hearing impairment may need an interpreter, a child with mental retardation may need a teacher who is familiar with the child and can provide credibility.
- If you have knowledge or suspect any abuse within the last three years, you are required to report to the appropriate authorities.

How Long Do I Have To Report?

- Oral reports must be made to social services or law enforcement within 24 hours
- Written reports must be sent to the agency within 72 hours, excluding weekends and holidays

Liability

- Mandated reporters failing to make a report are liable for damages
- Mandated reporters are immune from civil and criminal liability if report is being made in "good faith"
- If the information requires criminal prosecution, the reporter may be asked to testify

LET'S PREVENT ABUSE

Reporting Procedures

MINNESOTA'S REPORTING OF MALTREATMENT TO MINOR ACT

MN.Statutes, Section 626.556, Subdivision 3 August, 1989

Persons mandated to report. (a) a person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, police department, or the county sheriff, (b) the person is a professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, *education,* or law enforcement.

As of August 1, 1989 Minnesota law prohibits hitting, spanking, and emotional abuse of children in a public school system.

HUMAN SERVICE AGENCIES

Aitkin County Family Service Agency	218/9273744
Anoka Cnty. Community Health & Social Serv.	612/422-7000
Becker County Human Services	218/847-5684
Beltrami County Social Service Center	218/751-4310
Benton County Social Service Agency	612/968-6254
Big Stone County Family Service Center	612/839-2555
Blue Earth County Human Services	507/625-3031
Brown County Family Services Center (Also see Brown/Nicollet HSB)	507/354-8246
Carlton County Human Service Center	218/8794583
Carver County Community Social Services	612/448-3661
Cass County Department of Social Services	218/547-1340
Chippewa County Family Services	612/269-6401
Chisago County Human Services	612/257-1300 612/462-2141
Clay County Social Service Center	218/299-5200
Clearwater County Social Services	218/694-6164
Cook County Social Services	218/387-2282
Cottonwood County Family Service Agency	507/831-1891
Crow Wing County Social Service Center	218/8283966
Dakota County Human Services	612/4502611
Dodge County Social Services	507/635-2361
Douglas County Social Services	612/762-2302
Faribault County Human Services Center	507/526-3265
Fillmore County Welfare Department	507/765-2175
Freeborn County Dept. of Human Services	507/377-5230
Goodhue County Social Service Center	612/388-8261
Grant County Social Service Department	218/685-4417
Hennepin County Bureau of Social Services	612/348-3000
Houston County Social Services	507/724-5211
Hubbard County Social Service Center	218/732-1451
Isanti County Family Service & Welfare Dept.	612/689-1711
Itasca County Social Services	218/327-2941
Jackson County Human Services	507/847-4000
Kanabec County Family Service Department	612/679-3465
Kandiyohi County Famiy Service Department	612/235-8317
Kittson County Welfare Department	218/843-2689
Koochiching Family Services Northone Branch	218/283-8405 218/897-5266
Lac Qui Parle County Family Service Center	612/598-7594
Lake County Social Service Department	218/843-5681
Lake of the Woods County Social Service Dept.	218/634-2642
LeSueur County Welfare Department	612/357-2251 1-800-635-9786
Lincoln County	507/694-1452
Lyon County	507/537-6747
McLeod County Social Service Center	612/864-3144
Mahnomen County Human Services	218/935-2568
Marshall County Social Services Department	218/745-5124
Martin County Human Services Center	507/238-4757
Meeker County Social Service Department	612/693-2418
Mille Lacs Cnty. Family Serv. & Welfare Dept.	612/983-6161

Morrison County Social Services	612/632-2941
Mower County Social Services	507/437-9483
Murray County	507/836-6144
Nicollet County Social Services (Also see Brown/Nicollet HSB)	507/931-6800
Nobles County Family Service Agency	507/372-2157
Norman County Social	218/784-7136
Olmsted County Department of Social Services	507/285-8416
Otter Tail County Department of Social Services	218/7394491
Pennington Cnty. Dept. Welfare & Human Serv.	218/681-2880
Pine County Department of Human Services	612/629-6781 612/245-2268
Pipestone County Family Service Center	507/825-3357
Polk County Social Service Center	218/281-3127 218/773-2431
Pope County Family Service Department	612/634-5301
Ramsey County Human Services Department	612/298-5351
Red Lake County Social Service Center	218/253-4131
Redwood County Welfare Department	507/637-5741
Region VIII North Welfare Department	507/537-6747
Renville County Human Serv. & Welfare Dept.	612/523-2202
Rice County Social Services	507/334-0031
Rock County Family Service Agency	507/283-9507
Roseau County Social Service Center	218/463-2411
St. Louis County Social Service Department	
Duluth	218/726-2000
Hibbing	218/262-6000
Virginia	218/749-7100
Ely	218/365-6151
Scott County Human Services	612/445-7751
Sherburne County Social Services	
Metro	612/441-1711
Sherburne County Branch	612/261-4550
Toll Free - St. Cloud	612/253-2384
Sibley County Social Services	612/237-2978
Stearns County Social Service Center	612/255-6000
Steele County Social Service Center	507/451-0414
Stevens County Social Services Department	612/589-1481
Swift County Welfare & Family Service Agency	612/843-3160
Todd County Social Services	612/732-4500
Traverse County Social Services Department	612/563-8255
Wabasha County Department of Social Services	612/565-3351
Wadena County Social Service Department	218/631-4225
Waseca County Welfare & Social Service Dept.	507/835-0560
Washington County Social Services	612/439-6901
Watonwan County Human Services Center	507/375-3294
Wilkin County Family Service Agency	218/643-8561
Winona County Department of Social Services	507/457-6200
Wright County Human Services	612/682-3900
Yellow Medicine County Family Service Center	612/564-2211
Brown/Nicollet Human Services Board	507/931-4140 507/931-7100 x103
Human Services Board of Faribault, Martin, Watonwan Counties	507/238-4757
Region VIII North Welfare Department (Lincoln, Lyon, Murray Counties)	507/537-6747

Retaliation

- An employer cannot take action against a reporting source or the victim if a report is made in "good faith"

False Reports

- Mandated reporters who make false reports of abuse or maltreatment are liable for civil suits for damages suffered by the victims, as well as punitive damages

How Will I Know What Happened?

- A summary of the assessment made by the social worker can be obtained after the completion of the assessment if requested in writing, unless it is determined to be detrimental to the child

Remember . . .

> It is your responsibility to report the signs and symptoms of maltreatment that you observe; law enforcement is responsible for investigating the suspected crime; social services are responsible for assessing the risk to the child, through contacts with school personnel, parents, etc.

Your School's Reporting Policy

Educator's Role in Identifying and Reporting of Child Abuse

Major components necessary for school personnel to be able to identify and report suspected maltreatment:

- Knowledge of physical and behavioral indicators of maltreatment:
  - Indicators may serve as red flags for the observant teacher to follow up with a particular child.
  - In children with disabilities, especially mental retardation, behavioral indicators are often very significant.
- Knowledge of school's reporting policy:
  - Each school should have clearly defined procedures for reporting suspected abuse.
  - Schools that have a team approach to abuse are more successful with the total process.
- Knowledge of local responsibilities
- Knowledge of documentation process of suspected maltreatment

You have followed appropriate procedures . . .

The information submitted regarding the child's experiences did not result in an intervention.

NOW WHAT?

- **Recognize that if it was not possible for the social service or law enforcement to verify the maltreatment it does not mean it did not occur. The information you provide may not always result in an intervention. Only the assessment worker or law enforcement personnel makes that determination. Provide a supportive environment in which the child can reduce her or his feelings of isolation and fear. Relate to the child with a kind, patient, understanding, and accepting nature, which will allow the child to relate to adults who are nurturing and increase her or his ability to maintain a daily routine.**

- **Recognize that the child's situation may not have changed or improved. It is very difficult to assess maltreatment; witnesses are often not available. If the child is having difficulty concentrating, appears withdrawn, or even acts out aggressively, refer her or him to appropriate resources within your school district, i.e., a social worker, psychologist, guidance counselor, or school nurse.**

- **Try to establish some positive situations for the child, activities that may increase her or his self-concept within the school environment. Allow the child to do simple jobs, choosing between assignments when appropriate. Choice allows for some freedom, which can spark creativity. It will be necessary to assess the child's strengths and direct her or him into appropriate activities.**

- **Because of the child's increased sensitivity, the type of disciplinary action used with an abused child is critical. Provide her or him with discipline that is not only fair, but also administered with kindness.**

- **Provide a curriculum, in all grade levels, that reinforces positive family relations and self-respect. This positive reinforcement could prevent her or him from an abusive adult life.**

- **Seek validation and support for your own feelings. A normal response when abuse is not validated is to become frustrated with the system. The child may perceive this anger as being directed toward her or him.**

- **Keep clear, concise documentation of any additional information that comes to your attention. Keep reporting! You may be the child's only advocate, *so do not give up*.**

Discussing ABUSE

How to talk to a child when abuse is suspected:

- **Believe Her or Him!**
- **Empower**
- **Support**
- **Validate**
- **Follow up**

HOW TO TALK TO A CHILD. . .

when abuse is suspected

BELIEVE HER OR HIM!

- Accept what the child is telling you about what happened.
- Do NOT press for information. Let the child set the pace. Use the child's terminology, but make sure you understand what the words mean to the child (especially important for children with speech and language difficulties).
- Do NOT use leading questions which require a yes or no response; like "Did your brother touch you here?" Instead, ask open-ended questions.
  - For example, What happens when you are with _____? What happened next? Where are you when this happens?
- Do NOT insist on seeing any injury.
  - If the child is persistent about your observing the injury, ask that someone else remain with you as a witness.

EMPOWER . . .

- Acknowledge that by telling — she or he did something difficult, but <u>important</u>.
- Assure <u>confidentiality</u>: other teachers and classmates won't be told.
- Indicate <u>honestly</u> what you will do with the information.
  - Let the child know you are mandated to report to appropriate people. Never tell the child you will keep it a secret and do not make any unrealistic promises to the child.

SUPPORT . . .

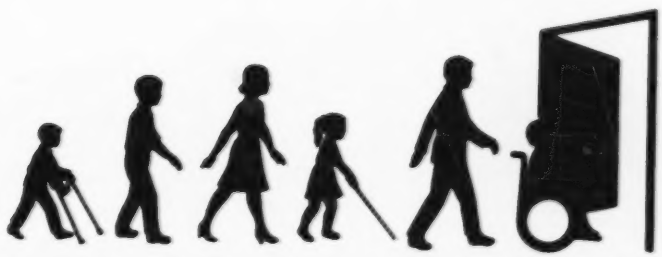
- **Choose a private, non-threatening setting.**
  - **Engage the child with an activity. Examples are clay, drawing, etc. Activity helps the child feel less threatened while discussing the abuse.**
  - **Do not use a time-out room if the child involved regularly uses it during times of misconduct, since the child may then get the idea she or he has done something wrong.**
- **Sit near the child, but respect her or his need NOT to be touched.**

VALIDATE . . .

- **Reassure the child that she or he has done nothing wrong.**
- **Affirm her or his feelings. Be comforting.**
  - **Children who have limitations in perception may be very confused by what has happened, but not totally understand the abusive act.**
- **Use child's terminology.**
- **Consider her or his developmental level or disability.**
  - **If you are not sure what the level of functioning is, seek out other school personnel who would know, such as a social worker or psychologist.**

FOLLOW UP . . .

- **Write up <u>brief notes</u> immediately, including date and time of disclosure.**
  - **With a child who has a limited vocabulary due to a disability, be sure to document any unusual physical observations of the child.**
- **Follow your school's identified reporting procedures or contact the county Child Protection agency.**
  - **If the child requires special services, such as an interpreter for a child who is hearing impaired, be sure to tell the person that is receiving the report.**
- **Let child know she or he can expect continued support from you.**
  - **Ongoing reassurance can empower the child to feel positive about reporting.**



PACER CENTER

If we are to reduce maltreatment toward children, we must create a safe environment for families. We must build communities where children and adults can express their fears and problems without shame and receive the acceptance, support, resources, and knowledge that will result in empowerment. We can help to create communities free from abuse when we accept responsibility for acts against children and are willing to respond quickly with the resources and support that are needed.

ABOUT PACER

PACER Center is a coalition of 18 organizations founded on the concept of Parents Helping Parents. PACER strives to improve and expand opportunities that enhance the quality of life for children and young adults with disabilities and their families.

PACER Center provides training, workshops, information, and individual assistance to parents and others. Current projects are focused on special education laws and rights, early childhood, multicultural inclusion, emotional disabilities, surrogate parents, transition from school to work and community, supported employment, disability awareness, child abuse prevention, and computer training and resources.

PACER is also part of four technical assistance projects: Technical Assistance to Parent Programs (TAPP), Supported Employment Parent Training Technical Assistance (SEPT/TA), National Early Childhood Technical Assistance System (NEC*TAS), and Collaboration Among Parents and Health Professionals (CAPP).

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